



ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.

Coronation Avenue, Wilford, Nottingham NG11 7AB

☎ 0115 9152961 Fax 0115 9152962

Email: admin@st-patricks.nottingham.sch.uk

Website: www.st-patricks.nottingham.sch.uk



Headteacher: Mrs T Lane

Thursday 24th March 2022

Dear Parents and carers,

Year 5 SWIMMING

Year 5 will be having swimming lessons at Clifton Leisure Centre from **Friday 22nd April to Friday 27th May 2022.**

Swimming lessons form an important part of the National Physical Education Curriculum and we are delighted to offer the children in Year 5 these weekly lessons. It is expected that all children will take part in the swimming lessons, exemptions are not permitted unless we receive a Doctor's note confirming that due to health reasons, the child is unfit to take part in the swimming lessons until further notice.

Therefore, please ensure that your child brings his/her swimming costume and towel in a separate bag every Friday.

The Nottingham Schools' Swimming Programme, of which we are part, have strict regulations regarding the safety of pupils during school swimming sessions. They have also put into place further protective measures in line with the government's current COVID guidelines.

Please read these health and safety reminders carefully to allow us to keep your child safe during their swimming lessons.

Swimming Attire - Please ensure girls wear a one-piece swimming costume and boys wear swimming trunks or swimming shorts that are above the knee with no pockets.

Jewellery - Nottingham School Swimming operates a strict no jewellery policy.

Goggles - we recommend that pupils are taught to swim without the use of goggles. Children who swim frequently or whose eyes are susceptible to irritation may use their own goggles for swimming. Parents should hand in a signed consent letter to the school before the child uses their goggles in swimming lessons.

Long hair – this should either be tied back or worn under a hat. This is the same for boys and girls

Medical Conditions – please complete the attached form to inform us of any medical conditions (including asthma). Please note if your child uses an asthma reliever inhaler, they will not be allowed to go swimming unless they have it with them.

Further information on these matters can be found in the Nottingham School Swimming - Safe Practice in School Swimming document, which is available at school on request.

Please complete the attached consent form and return to your class teacher or the office no later than Wednesday 30th March.

Thank you for your continuing support,

Mr King
Year 5 Class Teacher



ST PATRICK'S CATHOLIC **VOLUNTARY ACADEMY**



OV4 CONFIDENTIAL CONSENT FORM FOR YOUNG PEOPLE

1. CONSENT FOR PARTICIPATION IN THE VISIT:

Name of Establishment/Group: **St Patrick's Catholic Voluntary Academy**

Visit to: **Clifton Leisure Centre**

Details Activities to be undertaken: **School Swimming Lessons**

Dates: **Weekly from 22/04/22 – 27/05/2022**

Times: **10:30 – 11:30 leaving approx. 10am and travelling by coach.**

I agree to my son/daughter: _____ **(name)** taking part in local area visits and agree to his/her participation in activities that will support the national curriculum. I acknowledge the need for obedience and responsible behaviour on his/her part.

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the staff leading the visit should be aware:

YES / NO

Please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, etc: _____

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs. **** Delete if not applicable**

- d) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?:

YES / NO

If YES, please give brief details: _____

- e) Is your son/daughter allergic to any foods or medication:

YES / NO

If YES, please specify: _____

- f) When did your son/daughter last receive a tetanus injection?: _____

- g) Please outline any special dietary requirements of your child: _____

- h) **I undertake** to inform the group leader/head of establishment as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.

- i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

- a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

- b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

- c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION:

5. SIGNATURE:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian